EXECUTIVE LOBBYING EXP FORM 507	ENDITU	RE REPORT			o open kare i editari di
COVERING JANUARY 1 - JUNE 30, 22	7 - DUE AU	GUST 15			
COVERING JANUARY 1 - DECEMBER 3	POR OFFICE USE ONLY Postmark Date: 2015(27)				
<u>Mail to:</u> the Board of Ethics, 2415 Quail Dr., 3rd i OR <u>Fax 10:</u> (225)763-8787 or (225)763-8780	HOO (413)				
1. Name Balloy d	Jaso) First	1	м		3070430
2. Business Address: 41340 HillS Street and No.	de D	City North	Lite State	Rock, AK	1
Mailing Address 436 Hills 1	de.Br.	Worth Lift	le Re	ide, AR	72118
3. Business Phone 870-219- Area Code and Te					A1.15.1
4. Total of all executive lobbying expenditures (Luclade expenditures from Schedules A and B		I through June 30:	\$	71,25	AUDITE
 Total of all executive lobbying expenditures (When Applicable) (tochade expenditures from). 			1: \$		By: M
 Total of all executive tobbying expenditures (Line 4 added to Line 5 should equal Line 6) 	made during o	alendar yeur:	\$	10 - 10.1 - 10.0 5	
7. Did you make an expenditure exceeding \$50	on one occasi	on for an executive	branch of	fficial:	en de la companya de
From July 1 through June 30? From July 1 through December 31?	Yes Yes	No No		NA 🔀	과 27
If the answer to either question in Number	7 above is YES	, complete Schedul	e A and at	mach.	All 10: 2
8. Did you make expenditures exceeding the st	ım af \$250 for	an executive branch	h official:		H . 300
From January 1 through June 307 From July 1 through December 317	Yes [201 2001		na 🗹	
If the answer to either question in Number 8	l above is YES,	, complete Schedule	A and an	rach.	
Did you expend funds for any reception, socioficials were invited during this reporting p		or other function to	which no		r-five executive branch
Yes		No 🔀			
If the answer to Number 9 above is YES, con	nplete Schedul	e B and attach.			
Furm 507, Rev. 7/04	Pa	age 1 of <u>3</u>	ŀ	HAND I	DELIVERED

EXECUTIVE LOBBYING EXPENDITURE REPORT



10. FROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the Jamary 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

1)	a. Name of Department: Do partment of H	eath & Hospitals
	b. Total of all expenditures made January 1 through June 30:	<u>91.25</u>
	 Total of all expenditures made July 1 through December 31: (When applicable) 	\$
	d. Total of all expenditures made during the calendar year.	\$
2)	a. Name of Department:	
	b. Total of all expenditures made January 1 through June 30:	\$
	 Total of all expenditures made July 1 through December 31: (When applicable) 	5
	d. Total of all expenditures made during the calendar year:	3
3)	a. Name of Department:	
	b. Total of all expenditures made January I through June 30:	5 .
	c. 'fotal of all expenditures made July 1 through December 31: (When applicable)	<u>\$</u>
	d. Total of all expenditures made during the calendar year:	\$
schedu the age	OVIDE BELOW (a) the name of the executive branch departmentle; (b) the aggregate total of all expenditures attributable to the aggregate total of all expenditures attributable to the agency made duble; (d) the aggregate total of all expenditures made in a calendar Defort	ency made during the January 1 - June 30 reporting period; (c) uring the July 1 - December 31 reporting period when year attributable to the ugency. THE THE ALS
I)	a. Name of Department and Individual Agency:	WILL BOTTON PROPERTY -
	h. Total of all expenditures made January 1 through June 30:	1_91.25
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	5
	$d_{\rm s}$. Total of all expenditures made during the calendar year:	s

2)	a. Name of Department and Individual Agency:	
	b. Total of all expenditures made January 1 through June 30:	\$
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	8
	d. Total of all expenditures made during the calendar year:	\$ S ME N
3)	Name of Department and Individual Agency:	
	b. Total of all expenditures made January 1 through June 30:	s
	c. Total of all expenditures made July 1 through December 31: (When applicable)	5
	d. Total of all expenditures made during the calendar year:	5

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Lobbyist